## 1403 134 2830

**FEC** FORM 3

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## REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An Authorized Committee

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	EAIL CENTER
ADDRESS (number and street)	ESS 4229 REDLINE DR	IVE		
Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NO.	JMBER ▼ CITY  3. IS THIS REPOR		GA 9071  STATE AMENDED (A)	ZIP CODE STATE ▼ DISTRICT
4. TYPE OF REPORT (Ch.  (a) Quarterly Reports:  April 15 Quarterly F  July 15 Quarterly F  October 15 Quarter  January 31 Year-En	Report (Q1) Report (Q2) rly Report (Q3)  Report (YE)  (c) 30-Day	POST-Election Report for th X General (30G)	General (12G)  Special (12S)  2 0 1 4	Runoff (12R)  in the State of C A  Special (30S)  in the State of C A
5. Covering Period 10 <sup>M</sup> / 1 6 / 2 0 1 4 through 1 1 / 2 4 / 2 0 1 4  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer TRACY CAMPOS  Signature of Treasurer Date TT / 2 5 / 2 0 1 4  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  Office Use				
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